



ARTISTS' LEGAL INFORMATION SOCIETY

CLIENT INTAKE FORM

Thank you for your interest in the Artists' Legal Information Society ("ALIS") Legal Clinic. The Clinic is a *pro bono* initiative to provide artists with legal information at periodic legal clinics.

This form is to be filled out by the client, and discussed and reviewed with the Project Coordinator. Please note that any information you give us is private and confidential, and will only be shared with ALIS to determine that you qualify for assistance, that ALIS does not have any conflicts in assisting you, and to help provide you with legal advice.

Section A: Basic information

Date:	Intake ALIS Member:
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Client Last Name:	Client First Name:	Initial:
Address: _____ _____		
Email: _____		

Is it okay to send mail to this address? Yes No

If no, alternate address for mail: _____

Phone #: (home) _____ (cell) _____ (work) _____

Is it okay to leave messages at either of these numbers? Yes No

If no, alternate phone number: _____

How did you hear about us? Website Poster/ Ad Conference/ Seminar Friend/ Word of Mouth

Referred From: _____

Annual Income (check one):

Less than \$20,000 \$20,001 - \$35,000 \$35,001 - \$49,999 Over \$50,000



Section B: Legal Issue (attach additional sheet if necessary)

Type of Legal Issue (check all that may apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Contract Review | <input type="checkbox"/> Copyright | <input type="checkbox"/> Intellectual property |
| <input type="checkbox"/> Commercial contract review or negotiations | <input type="checkbox"/> Incorporation | <input type="checkbox"/> Commercial lease review (for studio and gallery spaces) |
| <input type="checkbox"/> Housing problems and tenant rights | <input type="checkbox"/> Labour law | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Other: | | |

Client Profile:

Case synopsis:

Assistance wanted:

Desired outcome:

Timelines and Deadlines:

CONFLICT CHECKS:

(Please indicate all relevant personal names, company names and trade names):

Opposing party/parties:

Relationship to issue:

Lawyers/representatives for opposing party/parties:

Names of all other related parties:

Relationship to issue:

Lawyers/representatives for other party/parties:

Section C: To be filled out by ALIS Program Coordinator:

Have persons or companies referred to in "Conflict Checks" above been forwarded to [insert law firm name] for conflict checks? Yes No

Has ALIS advised that there do not appear to be any possible Conflicts: Yes No

If **Yes**, please fill out the following:

Scheduled appointment at [name] clinic (please provide date and time): _____

Has the client signed a waiver form and been provided with a copy? **Please attach original.**

Yes No

Has the client been instructed to bring all relevant documents to his/her preliminary meeting with the lawyer?

Yes No

Additional Comments: _____
